

IN THE UNITED STATES BANKRUPTCY  
COURT FOR THE WESTERN DISTRICT OF  
PENNSYLVANIA

IN RE	)	
	)	
Wayne L. Brink	)	Case No. 22-21537 CMB
Kimberly J. Brink	)	Chapter 13
Debtor(s)	)	
	)	
	)	

**AMENDMENT COVER SHEET**

Amendment(s) to the following petition, list(s), schedule(s), or statement(s) are transmitted herewith: Debtors are amending their schedule F to include a delinquent balance owed to Central Electric Cooperative and schedule G is being amended to include a lease with MDG that was omitted from the initial filing.

\_\_\_\_\_ Voluntary Petition - *Specify reason for amendment:*

Official Form 6 Schedules (Itemization of Changes Must Be Specified)

\_\_\_\_\_ Summary of Schedules

\_\_\_\_\_ Schedule A - Real Property

\_\_\_\_\_ Schedule B - Personal Property

\_\_\_\_\_ Schedule C - Property Claimed as Exempt

\_\_\_\_\_ Schedule D - Creditors holding Secured  
Claims Check one:

\_\_\_\_\_ Creditor(s) added

\_\_\_\_\_ NO creditor(s) added

\_\_\_\_\_ Creditor(s) deleted

\_\_\_\_\_ Schedule E - Creditors Holding Unsecured Priority  
Claims Check one:

\_\_\_\_\_ Creditor(s) added

\_\_\_\_\_ NO creditor(s) added

\_\_\_\_\_ Creditor(s) deleted

  X   Schedule F - Creditors Holding Unsecured Nonpriority  
Claims Check one:

  X   Creditor(s) added

\_\_\_\_\_ NO creditor(s) added

\_\_\_\_\_ Creditor(s) deleted

  X   Schedule G - Executory Contracts and Unexpired  
Leases Check one:

  X   Creditor(s) added

\_\_\_\_\_ NO creditor(s) added

\_\_\_\_\_ Creditor(s) deleted

\_\_\_\_\_ Schedule H - Codebtors

\_\_\_\_\_ Schedule I - Current Income of Individual Debtor(s)

\_\_\_\_\_ Schedule J - Current Expenditures of Individual Debtor(s)

\_\_\_\_\_ Statement of Financial Affairs

\_\_\_\_\_ Chapter 7 Individual Debtor's Statement of Intention

\_\_\_\_\_ Chapter 11 List of Equity Security Holders

\_\_\_\_\_ Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims

\_\_\_\_\_ Disclosure of Compensation of Attorney for Debtor

\_\_\_\_\_ Other:

Note: An amended matrix of creditors added by the amendment must be submitted on disk with the amendment. Attorneys filing electronically on the Case Management/Electronic Case Filing System may add creditors to the case electronically.

Office of the United States Trustee  
Liberty Center  
1001 Liberty Avenue, Suite 970

Ronda J. Winnecour, Trustee  
Suite 3250, USX Tower  
600 Grant Street

Pittsburgh, PA 15219

MDG Club USA Inc.  
3422 Old Capitol Trail PMB 1993  
Wilmington DE 19808-0000

Capital Community Bank  
9080 S Village Shop Drive  
Sandy, Utah 84094

Central Electric Cooperative  
PO Box 329  
Parker PA 16049-0000

Date: October 24, 2022

/s/ Lauren M. Lamb  
Lauren M. Lamb, Esquire  
Attorney for the Debtor(s)

STEIDL & STEINBERG  
Suite 2830 – Gulf Tower  
707 Grant Street  
Pittsburgh, PA 15219  
(412) 391-8000  
llamb@steidl-steinberg.com  
PA I.D. No. 209201

**Fill in this information to identify your case:**

Debtor 1 **Wayne L. Brink**  
First Name Middle Name Last Name

Debtor 2 **Kimberly J. Brink**  
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF PENNSYLVANIA**

Case number **22-21537**  
(if known)

☒ Check if this is an amended filing

**Official Form 106E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

**12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Last 4 digits of account number	Total claim
4.1	<b>Allied Interstate Llc</b> Nonpriority Creditor's Name	<b>7113</b>	<b>\$315.00</b>
	<b>Po Box 361445</b> <b>Columbus, OH 43236</b> Number Street City State Zip Code	<b>Opened 03/22 Last Active 07/21</b> When was the debt incurred?	
	<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Dish Network L.L.C</b>	

Debtor 1 **Wayne L. Brink**  
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4.2	<b>Capital One</b> Nonpriority Creditor's Name <b>Po Box 31293</b> <b>Salt Lake City, UT 84131</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2152</b> <b>Opened 02/20 Last Active 8/19/20</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<b>\$465.00</b>
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4.3	<b>Central Electric Cooperative</b> Nonpriority Creditor's Name <b>PO Box 329</b> <b>Parker, PA 16049</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Electric service</b>	<b>\$475.79</b>
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4.4	<b>Collection Service Center, Inc.</b> Nonpriority Creditor's Name <b>Pob 560</b> <b>New Kensington, PA 15068</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>AW4P</b> <b>Opened 12/04/17</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical</b>	<b>\$427.00</b>
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4.5	<b>Collection Service Center, Inc.</b> Nonpriority Creditor's Name <b>Pob 560</b> <b>New Kensington, PA 15068</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>UVX0</b></u> <b>\$292.00</b>  <b>When was the debt incurred?</b> <u><b>Opened 9/06/16</b></u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Medical</b></u>
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4.6	<b>Collection Service Center, Inc.</b> Nonpriority Creditor's Name <b>Pob 560</b> <b>New Kensington, PA 15068</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>UVX1</b></u> <b>\$214.00</b>  <b>When was the debt incurred?</b> <u><b>Opened 1/02/17</b></u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Medical</b></u>
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4.7	<b>Easy Pay/Duvera Collections</b> Nonpriority Creditor's Name <b>3220 Executive Ridge</b> <b>Vista, CA 92081</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>A083</b></u> <b>\$2,261.00</b>  <b>When was the debt incurred?</b> <u><b>Opened 3/16/15 Last Active 11/30/15</b></u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Installment Sales Contract</b></u>
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4.8	<b>First Premier Bank</b> Nonpriority Creditor's Name  <b>3820 N Louise Ave</b> <b>Sioux Falls, SD 57107</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0818</b> _____ <b>\$715.00</b> _____  <b>Opened 06/20 Last Active 09/20</b> _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>
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4.9	<b>First Premier Bank</b> Nonpriority Creditor's Name  <b>3820 N Louise Ave</b> <b>Sioux Falls, SD 57107</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>1612</b> _____ <b>\$570.00</b> _____  <b>Opened 07/20 Last Active 8/19/20</b> _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>
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4.1 0	<b>First Progress</b> Nonpriority Creditor's Name  <b>P.o. Box 84010</b> <b>Columbus, GA 31908</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2300</b> _____ <b>\$155.00</b> _____  <b>Opened 03/21 Last Active 4/22/21</b> _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>
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4.1 1	<b>Holiday Financial Serv</b> Nonpriority Creditor's Name  <b>22631 State Hwy 68 Ste 4</b> <b>Clarion, PA 16214</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>5706</u> <span style="float: right;"><b>\$3,413.00</b></span>  <b>When was the debt incurred?</b> <u>Opened 05/22 Last Active 5/12/22</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal loans</u>
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4.1 2	<b>IC Systems, Inc</b> Nonpriority Creditor's Name <b>Po Box 64378</b> <b>Saint Paul, MN 55164</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>5061</u> <span style="float: right;"><b>\$727.00</b></span>  <b>When was the debt incurred?</b> <u>Opened 05/22</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney Att Directv</u>
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4.1 3	<b>Midland Fund</b> Nonpriority Creditor's Name  <b>320 East Big Beaver</b> <b>Troy, MI 48083</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>7783</u> <span style="float: right;"><b>\$968.00</b></span>  <b>When was the debt incurred?</b> <u>Opened 05/21 Last Active 10/20</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Factoring Company Account Credit One Bank N.A.</u>
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Debtor 1 **Wayne L. Brink**  
Debtor 2 **Kimberly J. Brink**

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4.1 4	<b>Midland Fund</b> Nonpriority Creditor's Name <b>320 East Big Beaver</b> <b>Troy, MI 48083</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>8934</b></u> <b>\$379.00</b> <b>When was the debt incurred?</b> <u><b>Opened 04/21 Last Active 10/20</b></u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Factoring Company Account Webbank</b></u>
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4.1 5	<b>Midland Fund</b> Nonpriority Creditor's Name <b>320 East Big Beaver</b> <b>Troy, MI 48083</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>3694</b></u> <b>\$378.00</b> <b>When was the debt incurred?</b> <u><b>Opened 04/21</b></u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u><b>Factoring Company Account Webbank</b></u>
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4.1 6	<b>Navient Solutions Inc</b> Nonpriority Creditor's Name <b>Po Box 9635</b> <b>Wilkes Barre, PA 18773</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u><b>1022</b></u> <b>\$86,799.00</b> <b>When was the debt incurred?</b> <u><b>Opened 10/22/12 Last Active 7/02/22</b></u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <u><b>Educational</b></u>
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4.1 7	<b>Northwest Bank</b> Nonpriority Creditor's Name  <b>Po Box 1793</b> <b>Warren, PA 16365</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>2225</b> <span style="float: right;"><b>\$497.00</b></span>  <b>When was the debt incurred?</b> <b>Opened 09/13 Last Active 10/26/17</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Installment Sales Contract</b>
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4.1 8	<b>OneMain Financial</b> Nonpriority Creditor's Name  <b>Po Box 1010</b> <b>Evansville, IN 47706</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>3891</b> <span style="float: right;"><b>\$6,026.00</b></span>  <b>When was the debt incurred?</b> <b>Opened 07/20 Last Active 8/20/20</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Deficiency balance for repossessed vehicle.</b>
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4.1 9	<b>Penn Credit</b> Nonpriority Creditor's Name  <b>2800 Commerce Drive</b> <b>Harrisburg, PA 17110</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0122</b> <span style="float: right;"><b>\$150.00</b></span>  <b>When was the debt incurred?</b> <b>Opened 03/22 Last Active 01/20</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Butler Memorial Hospital</b>
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Debtor 1 **Wayne L. Brink**  
Debtor 2 **Kimberly J. Brink**

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4.2 0	<b>Resurgent Capital Services</b> Nonpriority Creditor's Name <b>C/o Resurgent Capital Services</b> <b>Greenville, SC 29602</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>7984</b> When was the debt incurred? <b>Opened 03/22</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Factoring Company Account Capital One Bank Usa N.A.</b>	<b>\$587.00</b>
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4.2 1	<b>Security Credit Services</b> Nonpriority Creditor's Name <b>306 Enterprise Drive</b> <b>Oxford, MS 38655</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>1921</b> When was the debt incurred? <b>Opened 02/22 Last Active 10/21</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Tempoe Llc</b>	<b>\$539.00</b>
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4.2 2	<b>Telecom Self-reported</b> Nonpriority Creditor's Name <b>Po Box 4500</b> <b>Allen, TX 75013</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>E4CD</b> When was the debt incurred? <b>Last Active 6/28/22</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Chkg/Att</b>	<b>\$55.00</b>
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Debtor 2 **Kimberly J. Brink**

Case number (if known) **22-21537**

4.2 3	<b>Usx Federal Credit Uni</b> Nonpriority Creditor's Name  <b>P O Box 3780</b> <b>Harrisburg, PA 17105</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>6189</b> <span style="float: right;"><b>\$831.00</b></span>  <b>When was the debt incurred?</b> <b>Opened 12/15 Last Active 5/03/16</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>
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4.2 4	<b>Utility Self-reported</b> Nonpriority Creditor's Name <b>Po Box 4500</b> <b>Allen, TX 75013</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>BEEF</b> <span style="float: right;"><b>\$151.00</b></span>  <b>When was the debt incurred?</b> <b>Last Active 7/20/22</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Agriculture Chkg/Butlerrural</b>
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4.2 5	<b>Verizon Wireless</b> Nonpriority Creditor's Name  <b>National Recovery Operations</b> <b>Minneapolis, MN 55426</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0001</b> <span style="float: right;"><b>\$2,139.00</b></span>  <b>When was the debt incurred?</b> <b>Opened 03/16 Last Active 5/31/21</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Unsecured</b>
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**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 2 **Kimberly J. Brink**

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have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Allied Interstate Llc**  
**Attn: Bankruptcy Department**  
**Po Box 361477**  
**Columbus, OH 43236**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Capital Community Bank**  
**9080 S Village Shop Drive**  
**Sandy, UT 84094**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Capital One**  
**Attn: Bankruptcy**  
**P.O. Box 30285**  
**Salt Lake City, UT 84130**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Collection Service Center, Inc.**  
**Attn: Bankruptcy**  
**839 5th Ave**  
**New Kensington, PA 15068**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.4** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Collection Service Center, Inc.**  
**Attn: Bankruptcy**  
**839 5th Ave**  
**New Kensington, PA 15068**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Collection Service Center, Inc.**  
**Attn: Bankruptcy**  
**839 5th Ave**  
**New Kensington, PA 15068**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Easy Pay/Duvera Collections**  
**Attn: Bankruptcy**  
**Po Box 2549**  
**Carlsbad, CA 92018**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**First Premier Bank**  
**Attn: Bankruptcy**  
**Po Box 5524**  
**Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**First Premier Bank**  
**Attn: Bankruptcy**  
**Po Box 5524**  
**Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**First Progress**  
**Attn: Bankruptcy**  
**Po Box 9053**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Wayne L. Brink**  
Debtor 2 **Kimberly J. Brink**

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**Johnson City, TN 37615**

Last 4 digits of account number

Name and Address

**Hayt Hayt & Landau**  
**Two Industrial Way West**  
**Eatontown, NJ 07724-0500**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**IC Systems, Inc**  
**Attn: Bankruptcy**  
**Po Box 64378**  
**St. Paul, MN 55164**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.12** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Midland Fund**  
**Attn: Bankruptcy**  
**350 Camino De La Reine, Suite 100**  
**San Diego, CA 92108**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.13** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Midland Fund**  
**Attn: Bankruptcy**  
**350 Camino De La Reine, Suite 100**  
**San Diego, CA 92108**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Midland Fund**  
**Attn: Bankruptcy**  
**350 Camino De La Reine, Suite 100**  
**San Diego, CA 92108**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Navient Solutions Inc**  
**Attn: Bankruptcy**  
**P.O. Box 9500**  
**Wilkes-Barre, PA 18773**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Northwest Bank**  
**Attn: Bankruptcy**  
**Po Box 128**  
**Warren, PA 16365**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**OneMain Financial**  
**Attn: Bankruptcy**  
**Po Box 3251**  
**Evansville, IN 47731**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.18** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Penn Credit**  
**Attn: Bankruptcy**  
**Po Box 988**  
**Harrisburg, PA 17108**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Resurgent Capital Services**  
**Attn: Bankruptcy**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Wayne L. Brink**  
Debtor 2 **Kimberly J. Brink**

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**Po Box 10497**  
**Greenville, SC 29603**

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Security Credit Services**  
**Attn: Bankruptcy**  
**Po Box 1156**  
**Oxford, MS 38655**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.21** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Verizon Wireless**  
**Attn: Bankruptcy**  
**500 Technology Dr, Ste 599**  
**Weldon Springs, MO 63304**

On which entry in Part 1 or Part 2 did you list the original creditor?  
Line **4.25** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a.	Total Claim	
			\$	<b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	\$	<b>0.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	<b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	<b>0.00</b>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$	<b>0.00</b>
Total claims from Part 2	6f. Student loans	6f.	Total Claim	
			\$	<b>86,799.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	<b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	<b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	<b>22,729.79</b>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$	<b>109,528.79</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Wayne L. Brink</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Kimberly J. Brink</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF PENNSYLVANIA		
Case number	<b>22-21537</b>		
(if known)			

☒ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease <small>Name, Number, Street, City, State and ZIP Code</small>	State what the contract or lease is for
2.1	<b>Acima Credit</b> <b>9815 S Monroe St Fl 4</b> <b>Sandy, UT 84070</b>	<b>Acct# xxx2492</b> <b>Opened 10/20</b> <b>Tire Lease</b>
2.2	<b>American First Finance</b> <b>7330 W. 33rd Street</b> <b>Wichita, KS 67205</b>	<b>Acct# xxxxxxxxxxxx0002</b> <b>Opened 3/25/22</b> <b>Battery Pack Lease</b>
2.3	<b>American First Finance</b> <b>7330 W. 33rd Street</b> <b>Wichita, KS 67205</b>	<b>Acct# xxxxxxxxxxxx0003</b> <b>Opened 5/26/22</b> <b>Television lease</b>
2.4	<b>MDG Club USA Inc.</b> <b>3422 Old Capitol Trail PMB 1993</b> <b>Wilmington, DE 19808</b>	<b>Lithium battery pack lease.</b>